



Rev No: 11/01

Form No: GID-24

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

ANNUAL REPORT OF

INSURANCE PREMIUM FINANCE COMPANIES

For the Year Ended December 31, _____

JOHN W. OXENDINE
Office of Insurance and Safety Fire Commissioner

DUE ON OR BEFORE MARCH 1ST

NOTE: Where insufficient space is provided to set forth the facts adequately,
Annex a schedule giving the details.

READ THE INSTUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT

SCHEDULE A - GENERAL

1. Name of Licensee _____ License Number _____
2. Address _____
City _____ State _____ Zip _____
3. State whether Corporation, Partnership, Association or Individual _____
4. Date Licensee began business in Georgia _____
5. Business other than Insurance Premium Finance business conducted in same office:

6. Name of Principal Officers at close of Year covered by this Report:
(A) President _____
(B) Secretary _____
(C) Treasurer _____
(D) Owner _____
(E) Partners _____

SCHEDULE B - BALANCE SHEETS (AS PER BOOKS)

As at December 31, _____ and December 31, _____

	ASSETS	Column 1 End of Present Year	Column 2 End of Previous Year
7.	Loans Receivable_____		
8.	Cash in Office and in Banks_____		
9.	Accounts Receivable:		
	(A) Parent and/or Affiliated Companies_____		
	(B) Other_____		
10.	Notes Receivable-Other_____		
11.	Deferred Charges and Prepaid Expenses_____		
12.	Fixed Assets (Less Reserve for Depreciation and Amortization)_____		
13.	Other Assets:		
	(A) Organization and Development Expenses_____		
	(B) Cost of Financing_____		
	(C) All Other Assets_____		
14.	Total Assets_____		
	LIABILITIES AND CAPITAL	Column 1 End of Present Year	Column 2 End of Previous Year
15.	Accounts and Notes Payable:		
	(A) Banks_____		
	B) Due to Parent Company and/or Affiliated Companies_____		
	(C) Other_____		
16.	Bonds_____		
17.	Other Liabilities:		
	(A) Accrued Expenses_____		
	(B) All Other Liabilities_____		

	Present Year	Previous Year
18. Expenses Reserves:		
(A) Reserve for Bad Debts-Loans Receivable	_____	_____
(B) Other Reserves	_____	_____
19. Deferred Income:		
(A) Unearned Interest and Fees-Loans Receivable	_____	_____
(B) All Other Deferred Income	_____	_____
20. Branch Office Capital	_____	_____
21. Net Worth (If Proprietorship or Partnership)	_____	_____
22. Capital Stock (If Corporation)	_____	_____
23. Paid in Surplus	_____	_____
24. Earned Surplus	_____	_____
25. Total Liabilities and Capital	_____	_____

SCHEDULE C - STATEMENT OF INCOME AND EXPENSES

For Period from January 1, _____ To December 31, _____

Gross Income Derived From Insurance Premium Finance Business

	Amount	Amount
26. Earned Interest less Refunds	_____	_____
27. Earned Fees less Refunds	_____	_____
28. Collections on Loans Previously Charged Off	_____	_____
29. All Other Income from Insurance Premium Finance Business (Attach Schedule	_____	_____
30. Total Gross Income Derived From Insurance Premium Finance Business (Items 26)	_____	_____

Expenses Of Conducting Insurance Premium Finance Business

31. Advertising	_____
32. Automobile	_____

	Amount	Amount
33. Bad Debts, or Reserve for Bad Debts_____		
34. Credit and Collection Expense_____		
35. Depreciation and Amortization of Fixed Assets_____		
36. Donations, Dues and Subscriptions_____		
37. Expense, Sundry_____		
38. Heat, Light and Water_____		
39. Insurance_____		
40. Postage and Expenses_____		
41. Legal and Auditing Expenses_____		
42. Printing, Stationary and Supplies_____		
43. Recording Fees-Net_____		
44. Rent_____		
45. Salaries_____		
46. Supervision and Administration (When not allocated to other items)_____		
47. Taxes: (A) License Taxes_____		
48. Telephone and Telegraph_____		
49. Travel_____		
50. Other Expenses of Conducting Insurance Premium Finance Business (Explain): (A)_____ (B)_____ (C)_____		
51. Total Expenses of conducting Insurance Premium Finance Business (Items 31 to 50)_____		
52. Total Net Earnings Derived from Insurance Premium Finance Business for the Period (Before Deducting Interest on Borrowed Funds and Federal and State Taxes on Income) (Item 30 less 51)_____		

SCHEDULE D - RECONCILIATION OF SURPLUS OR NET EARNINGS

For Period From _____, _____ To _____, _____

	Surplus, Additions and Deductions	Amount	Amount
53.	Surplus Balance at End of Previous Period, Per Books _____ (Items 24, Column 2) _____		
54.	Total Net Earnings Derived From Insurance Premium Finance Business from the Period (Item 52) _____		
55.	Other Credits to Surplus for the Period (Attach Explanation) _____		
56.	Total additions for the Period (Item 54 to 55) _____		

DEDUCTIONS:

57.	Federal and State Taxes on Income _____	
58.	Interest Paid _____	
59.	Amortization of Financing Cost _____	
60.	Dividends Paid During the Period _____	
61.	Other Charges to surplus for the Period: (A) Transfer of Earnings to Net Worth or Home Office Control _____	
62.	Total Deductions for the Period (Items 57 to 61) _____	
63.	Net Additions to Previous Periods Surplus Balance (Item 56 minus Item 62) _____	
64.	Surplus Balance at End of Present Period-As per Books (Item 53 Plus Item 63) (This amount should be the same as Item 24 Column 1) _____	

AFFIDAVIT

COUNTY _____

STATE _____

I, _____, the undersigned, being
the _____ Of the _____
(Title, if a corporation) (Name of Insurance Premium Finance Company)

swear (or affirm), that to the best of my knowledge and belief the statements contained in this report, including the
accompanying schedules and statements (if any) are true and that the same is a true and complete statement.

BY _____

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC